

**20. DESCRIPTION OF EXTENDED SERVICES TO PREGNANT WOMEN**

Pregnancy related and postpartum services include:

Physician  
Clinic, including rural health and migrant health  
In-patient hospital  
Outpatient hospital  
Prescription drugs

The above services are provided to all Medicaid eligibles. The restrictions specified in ATTACHMENT 3.1-A.1 apply to all eligibles including pregnant women. Services available to pregnant women do not exceed the scope of services available to other eligible individuals or groups.

**Childbirth Education Classes**

Childbirth education classes include a series of classes which meets two or more times and provides a total of at least six hours of instruction which help prepare pregnant women and their support person for the labor and delivery experience. These classes should be based on a written plan which outlines course objectives and specific content to be covered in each session. Instruction includes, but is not limited to:

- important aspects of prenatal care, including danger signs
- signs of preterm labor
- preparation for labor and delivery
- breathing and relaxation and other comfort measures

Instructors - certified childbirth instructors preferably, or registered nurses and other health professionals who have completed training designed to prepare them as childbirth instructors.

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### Parenting Education

Parenting education classes include a series of classes which meets two or more times and provides a total of at least six hours of instruction designed to help new parents, or parents to be, improve their skills and be more knowledgeable about carrying out their primary responsibilities as parents. These classes should be based on a written plan which outlines course objectives and specific content to be covered in each session. Instruction includes but is not limited to:

- caring for your new baby
- early growth and development
- early self-esteem
- injury prevention
- child health supervision

Instructors - Instructors include persons certified as parent or family life educators, early childhood developmental specialists, registered nurses or other health care providers who have completed training designed to prepare them as parenting instructors or facilitators.

### Nutritional services

Nutritional Services, when provided by a qualified nutritionist to Medicaid eligible pregnant women identified as having high risk conditions by their prenatal care provider, include but is not limited to:

- Nutrition Assessment
- Development of an individualized care plan
- Diet therapy
- Counseling, education about needed nutrition habits/skills and follow-up
- Communication with the WIC Program, Baby Love Program and prenatal care provider as appropriate.

The high risk indicators used to assess the client's medical need for the services are as follows:

- diabetes or other metabolic disorder
- hypertension or other chronic condition
- anemia (Hgb<10gm/dl; hct<30%)
- < 15 years of age at time of conception
- multiple fetuses
- prescribed therapeutic diet
- inappropriate weight gain (inadequate, erratic, excessive)
- intrauterine growth retardation
- underweight at conception (<90% standard weight for height)
- very overweight at conception (>135% standard weight for height)
- eating disorder (pica, anorexia, bulimia)
- substance abuse (alcohol, drugs, tobacco)
- HIV infection
- hemoglobinopathies (sickle cell disease, thalasemia)
- other high risk medical conditions as referred by prenatal care provider.

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

e. Emergency hospital services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

\*Description provided on attachment.

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ATTACHMENT 3.1-A  
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State: North Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

           provided       X       not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

  X   Provided:        State Approved (Not Physician) Service Plan Allowed  
       Services Outside the Home Also Allowed

  X   Limitations Described on Attachment

       Not Provided

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LIMITATIONS ON AMOUNT  
DURATION AND SCOPE OF SERVICES

General Provisions Applicable to all Services:

Payments for Services Furnished Out-of-State

Out-of-state services, furnished in accordance with 42 CFR 431.52, are subject to the same prior approval and continued stay reviews that would be required if the services were rendered by an in-state provider, and must be subject to the utilization review and oversight requirements of the provider's home state Medicaid program.

In addition, out-of-state services provided in accordance with 42 CFR 431.52(b)(<sup>2</sup>~~3~~) are subject to prior approval to go out of state.

<sup>2</sup> <sup>iii</sup> <sup>b</sup> <sup>P&I HCFA 7-24-92</sup>  
In accordance with 42 CFR 431.52(2)(~~iii~~)(iv), the state Medicaid agency will determine whether it is the general practice for recipients in a particular locality to use medical providers in another state.

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I. Inpatient General Hospital Services:

All medical services performed must be medically necessary and may not be experimental in nature. Medical necessity is determined by generally accepted North Carolina community practice standards as verified by independent Medicaid consultants.

- A. Prior approval is required for cosmetic surgery, bone marrow, and surgical transplants excluding bone, skin, corneal, kidney and autologous tendon transplants. Prior approval is based on medical necessity and state medical policy.
- B. Medical necessity for on-going inpatient general hospital services will be determined initially by a hospital's Utilization Review Committee and may be subject to post-payment review by the State Agency. All claims will be subject to prepayment review for Medicaid coverage.
- C. The State Agency may grant a maximum of three Administrative days to arrange for discharge of a patient to a lower level-of-care. With prior approval by the State Medicaid agency, the hospital may be reimbursed for days in excess of the three administrative days at the statewide average rate for the particular level of care needed in the event a lower level-of-care bed in a Medicaid approved health care institution is not available. The hospital must, however, make every effort to place the recipient in an appropriate institution within the three-day administrative time allowance.
- D. The following are non-covered services: telephone, television, or other convenience items not routinely provided to other patients.

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Level of Care criteria for ventilator-dependent care is described in Appendix 4 of Attachment 3.1-A.

2.a. Outpatient Hospital Services

All medical services performed must be medically necessary and may not be experimental in nature. Medical necessity is determined by generally accepted North Carolina community practice standards as verified by independent Medicaid consultants.

- (1) Prior approval is required for more than two outpatient hospital visits for psychiatric treatment. No more than twenty-four (24) visits per year will be covered. Approval will be based on medical necessity. This limitation does not apply to EPSDT eligible children.
- (2) Routine physical examinations and immunizations are covered under Adult Health Screening and under Early Periodic Screening Diagnosis and Treatment (EPSDT).
- (3) "Take home drugs", medical supplies, equipment and appliances are not covered, except for small quantities of medical supplies, legend drugs or insulin needed by the patient until such time as the patient can obtain a continuing supply.

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- (4) Injections are not covered if oral drugs are suitable.
- (5) Office visits (encounters) to one or a combination of physicians, clinics, hospital outpatient settings, chiropractors, podiatrists, and optometrists are limited to twenty-four (24) per recipient per State fiscal year. Additional visits in excess of the twenty-four (24) visit limit may be authorized by the State agency in emergency situations where the life of the patient would be threatened without such additional care. This limitation does not apply to EPSDT eligible children.

2.b. Rural Health Clinic Services and other Ambulatory Services Furnished by a Rural Health Clinic

All medical services performed must be medically necessary and may not be experimental in nature. Medical necessity is determined by generally accepted North Carolina community practice standards as verified by independent Medicaid consultants.

(1) Other ambulatory services provided by Rural Health Clinics are:

- (a) Chiropractic services
- (b) Dental Services
- (c) Drugs, legend in insulin
- (d) EPSDT
- (e) Eyeglasses and visual aids
- (f) Family Planning Services
- (g) Hearing Aids
- (h) Optometric Services
- (i) Podiatry Services

(2) Rural Health Clinic Services are subject to the limitations of the physicians' services program.

(3) Office visits (encounters) to one or a combination of physicians, clinics, hospital outpatient settings, chiropractors, podiatrists, and optometrists are limited to twenty-four (24) per recipient per State fiscal year. Additional visits in excess of the twenty-four (24) visit limit may be authorized by the State agency in emergency situations where the life of the patient would be threatened without such additional care. This limitation does not apply to EPSDT eligible children.

2.c. Federally Qualified Health Center (FQHC) services and other ambulatory services

Limitations are the same as in 2.b.



3. .0104 Other laboratory and X-ray services

Laboratory and X-ray services shall be covered to the extent permitted in federal Medicaid regulations and subject to the following conditions:

- (1) The service is not performed in connection with a routine physical examination.
- (2) It is provided in an office or similar facility other than a hospital outpatient department or a clinic.
- (3) Clinical laboratory services are rendered by medical care entities who are issued a certificate of waiver, registration certificate, or certificate of accreditation under the Clinical Laboratories Improvement Amendments of 1988.
- (4) Portable X-ray services are medically necessary and ordered in writing by the attending physician. Services may be provided only by providers who are Medicare certified and inspected by the N.C. Division of Facility Services and are limited to provision in the patient's place of residence. The ordering physician must:
  - (a) State the patient's diagnosis, and
  - (b) Indicate the condition suspected, and
  - (c) Reason why "portable" service is needed.
- (5) Portable ultrasound services are medically necessary and ordered in writing by the attending physician. Providers must be Medicare certified as physiological labs, assure its personnel are licensed or registered in accordance with applicable State laws, and comply with manufacturer's guidelines for use of and routine inspection of equipment. The ordering physician must:
  - (a) State the patient's diagnosis, and
  - (b) Indicate the condition suspected, and
  - (c) Reason why "portable" service is needed

4.a. Skilled Nursing Facility Services

- (1) Prior approval is required. This approval is based on reporting form for each patient to be admitted to a skilled nursing facility signed by the attending physician which indicates anticipated restoration potential, treatments orders, and type of care recommended.

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- (2) Where cases warrant expeditious action, telephone approvals can be obtained; these must be followed up with the completed reporting form indicated in (1) above.
- (3) Private accommodations are authorized only when directed by a physician as medically necessary or when all semi-private accommodations are occupied.
- (4) The items and services furnished in SNFs, ICFs, and ICF-MRs that are payable by the Medicaid Program when medically necessary and for which recipients may not be charged are listed below. Unless stated otherwise these services are payable only to long term care facilities.
  - (a) Semi-private room, ward accommodations or private room if medically necessary, including room supplies such as water pitchers, basins, and bedpans.
  - (b) Nursing staff services.
  - (c) Food and intravenous fluids or solutions.
  - (d) Linens and patient gowns and laundering of these items.
  - (e) Housekeeping services.
  - (f) Social services and activity programs.
  - (g) Physical therapy, speech therapy, audiology, occupational therapy, respiratory therapy, and all other forms of therapy.
  - (h) Medical supplies, oxygen, orthotics, prostheses and durable medical equipment.
  - (i) Non legend drugs, serums, vaccines, antigens, and antitoxins.
  - (j) Transportation to other medical providers for routine, non-emergency care.
  - (k) Laboratory and radiology services, payable to either the long term care facility or directly to the provider furnishing the service.
  - (l) Physician and dental services, payable only to the practitioners if provided in private facilities.
  - (m) Legend drugs and insulin payable only to pharmacies if provided in private facilities.
  - (n) Transportation to other medical providers for emergency care, payable only to ambulance providers.

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